

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10728626 FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7	1					
8						
9	1					
10	2					
11	2					
12						
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	12					
TOTAL CLAIMS	15					

CLAIMS					
	IND	DEP	IND	DEP	IND
51					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					